

02-01-02

PTO/SB/05 (2/98)

Please type a plus sign (+) inside this box → ☐**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

TI-32337

First Named Inventor or Application Identifier

Takahiro Unno

Title

Concealment of Frame Erasures and Method

Express Mail Label No.

EL645510566US

On Page 1 of the specification, before line 1, insert -This application claims priority under 35 USC § 119(e)(1) of provisional application number **60/271,665** filed **02/27/2001**.-

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages **22**]  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R&D  
- Reference to Microfiche Appendix  
- Background of the invention  
- Brief Summary of the invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC d113) [Total Sheets **3**]
4. Oath or Declaration [Total Pages ☐a. ☐ Newly Executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 17 completed)  
[Note Box 5 below]  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application,  
see 37 CFR §1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of  
the oath or declaration is supplied under Box 4b, is considered as  
being part of the disclosure of the accompanying application and is  
hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Copy  
b. ☐ Paper Copy (identical to computer copy)  
c. ☐ Statement verifying identical of above copies

**ACCOMPANYING APPLICATION PARTS**

8. ☐ Assignment Papers (cover sheet & Documents(s))
9. ☐ 37 CFR §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ \*Small Entity Statement(s) ☐ Statement filed in prior application  
(PTO/SB/09-12) Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Other

\*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: / .  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label

**23494**

Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE

**(972) 917-4365**

FAX

**(972) 917-4418**

Name (Print/Type)

**Carlton H. Hoel**

Registration No. (Attorney/Agent)

**29,934**

Signature



Date

**2/27/02**

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

DATE: **02/27/2002**

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments *must* be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.**Complete If Known**

Application Number	
Filing Date	<b>02/27/2002</b>
First Named Inventor	<b>Takahiro Unno</b>
Examiner Name	
Group / Art Unit	
Attorney Docket No.	<b>TI-32337</b>

TOTAL AMOUNT OF PAYMENT **(\$)** **\$824****METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

**20-0668**

Deposit Account Name

**Texas Instruments Incorporated**

- ☒
- Charge any additional fee required or credit any overpayment
- ☐
- Charge all indicated fees and any additional fee required or credit any overpayment

- 2.
- ☐
- Payment Enclosed:**

☐ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	<b>\$740</b>
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) **(\$)** **740****2. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims <b>6</b>	-20** = <b>0</b>	x <b>18</b>	= <b>\$00</b>
Independent Claims <b>4</b>	-3** = <b>1</b>	x <b>84</b>	= <b>\$84</b>
Multiple Dependent		<b>280</b>	= <b>\$00</b>

\*\*or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent Claims in excess of 3
104	280	204	140	Multiple dependent claims in excess of 3
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$)** **\$84****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension of time within second month	
117	950	217	475	Extension of time within third month	
118	1,510	218	755	Extension of time within fourth month	
128	2,060	228	1,030	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per properly (time number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Typed or Printed Name

**Carlton H. Hoel**

Signature

Date

**2/27/02**

Complete (if applicable)

Reg. Number

**29,934**

Deposit Account User ID